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Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Important Notice about Medicaid Copayments

To NH Medicaid Providers:

In December, 2015, you received a letter from New Hampshire's Department of Health and Human Services (DHHS) informing you that some Medicaid recipients would be required to pay new copays beginning March 1, 2016. We are pleased to inform you that this decision has been reversed. There will be no copayments for medical and behavioral health services for Medicaid recipients who are in the state Fee-For-Service program or with one of the two Medicaid managed care organizations: New Hampshire Healthy Families or the Well Sense Health Plan. There are no copayments for Medicaid services in either the Standard Medicaid Benefit Plan or the Alternative Benefit Plan.

Copayments for prescription drugs will continue for those Medicaid recipients not otherwise exempt from the copay obligation. The table below shows the Medicaid recipient's copayment amounts:

Copayment Amount	Prescribed Drugs
\$ 1.00	• Preferred Drugs
\$ 2.00	• Non-Preferred Drugs (Note: the copayment will be \$1.00 if (a) the prescriber determines that a preferred drug will be less effective or will have adverse effects or both or (b) the drug is neither non-preferred or preferred.

Please note that those in the New Hampshire Health Protection Program's Premium Assistance Program (PAP), enrolled in a commercial Qualified Health Plan and not in one of the exempt categories, will continue to be charged copays for some medical and behavioral health services and all prescription drugs.

If you have questions about copayments, please call MMIS Provider Relations at 866-291-1674.

Thank you,
NH Medicaid Provider Relations